BRITISH SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY

TRAINING PROGRAMME LEADING TO CERTIFICATION

CONTENTS

Now you have paid the BSCCP registration fee a unique logon and password has been sent to you to gain access to the members' area of the BSCCP website. You will see the link to the trainee database and a further logon and password will be sent to you to enable entry of data to your database.

BACKGROUND INFORMATION

The Aim of the Training Programme

The aim of the BSCCP/RCOG Colposcopy training programme is to enable trainees to obtain the core knowledge, develop the necessary skills and the personal and professional attributes to enable competency in colposcopy.

The Objectives of the Training Programme

The programme is competence-based. The objectives of the programme are that trainees will acquire these skills in the course of their training.

The competences comprise basic skills, colposcopic technical skills, practical procedures, the ability to recognise the normal and abnormal cervix, administration and communication skills.

Colposcopy is a high profile and integral part of the NHSCSP. For the service to meet the standards it has set itself colposcopists need to acquire a range of professional skills other than diagnostic ability. The course provides the opportunity develop a progressive evidence based and enthusiastic culture.

Clinical competence

The course requires that the trainee perform 150 colposcopies under supervision. The bulk of the training programme is about translating theoretical knowledge into practical *know-how.* Actually performing colposcopy under supervision, i.e. apprenticeship, is the best way of learning not just how to recognise different clinical conditions but how to manage them.

Commitment to continued medical education

Attendance at a BSCCP approved conference is required every 3 years to maintain certification with the BSCCP.

How is the content organised?

The curriculum is subdivided into two phases; theoretical and experienced based.

Theoretical knowledge

The theoretical areas that need to be addressed in training are listed in Section 1 of the Log Book (Theoretical Understanding). In general, the theoretical aspects of colposcopy are covered in a basic colposcopy course, attendance at which is an entry requirement for training and subsequently studied alongside clinical experience. Histology and cytology sessions are also required. Trainees are then expected to further develop their theoretical knowledge as it relates to clinical practise during their training. The theoretical knowledge component covers a wide range of topics, including an understanding of normal cervical cytology and histology, the theories relating to cervical and lower genital tract neoplasia and related clinical areas that

include bacteriology and virology. In particular trainees are expected to acquire a detailed understanding of the role of human papillomaviruses in lower genital tract neoplasia. In addition trainees need to understand the aims and organisation of the cervical screening programme, as well the principles of audit and clinical governance.

Colposcopic experience

The trainee has to examine 50 cases under direct supervision, which means that the trainer is physically present throughout the consultation. Some trainees may need to see more than 50 cases under direct supervision. When experience has been gained to manage patients without the presence of a senior clinician, the trainee then sees an additional 100 cases under indirect supervision. In this phase of training the trainee will independently undertake diagnostic colposcopy but the trainer should always be on hand. All cases should be discussed and reviewed. Ideally the best time for this feedback is at the end of each training session.

Trainees should learn by seeing and managing cases and through reflection and discussion with their trainers. This competence-based approach results in the trainee experiencing a variety of learning issues at the same time. A broad case-mix is essential to this process. Once competency in an aspect of practice is achieved, the relevant key competency can be ticked in the log book.

A treatment module can be completed for trainees wishing to gain certification in diagnosis and treatment. This requires that 20 of the 150 cases be treatments which are witnessed by the trainee in 10 cases and performed by the trainee under direct supervision in a further 10 cases. All 20 patients must have been referred to colposcopy clinic with abnormal cytology or abnormal HPV testing.

Educational methodology

The programme is trainee-centred. The aim is that the trainees target what they need to learn through interaction with the trainer who provides regular formative review and feedback. Whilst the practical aspects of colposcopy are learnt via apprenticeship, the trainer is not simply an overseer, but provides direction and assessment in training.

Much of the theoretical background to colposcopy is initially introduced by gathering information. However the integrated nature of the clinical training strongly enables problem-based learning. Each case presents an individual problem, which acts as a stimulus for learning. This practical experience should be supplemented by focused background reading.

The training programme is both an exercise in certification and regulation and a professional qualification forming part of a broad based clinical education. It leans more towards certification rather than professional development in that it has a predominately uniform diagnostic component core with an optional treatment element.

Colposcopy training involves the recognition of clinical patterns as well as developing ways of working, which are best learnt by working closely with an expert. The dangers of gaps that can arise from this approach can be minimised by using the log-book to check topic coverage.

THE OSCE EXAMINATION

Final assessment is with an Objective Structured Clinical Examination (OSCE). This is a 12 station OSCE with 10 minutes at each station. All questions are written in a standardised format and with explicit marking criteria. The knowledge of cervical screening and colposcopy practice will be based on the BSCCP training guide objectives and the level of a basic colposcopy course.

1 Written questions

Five questions in the written paper are based on the content of the NHSCSP No 20 (Colposcopy and programme management) and are topics covered at a basic colposcopy course. These usually include colpophotographs and may have pictures of cytology or histology. Written stations with no examiner present will use written material based on the theoretical section of the trainees log-book.

2 Clinical stations

There are three questions with examiners at these stations to discuss images and case management. These usually include colpophotographs and may have pictures of cytology or histology.

There are two interactive stations involving interaction with a patient portraying clinical scenarios. Each will be a double station. The candidate will be presented a short written scenario to explain the next station so there will be time to prepare. At the next station the candidate will interact with an actor playing the role of a patient. An examiner will be present to mark this station. Both of these stations are designed to test knowledge and communication skills. Marks will be allocated for both factual content and communication skills, and the role player will contribute a mark for each interactive station. The examiner will follow a standardised marking sheet. Candidates should note that they would be penalised for giving inaccurate information.

Examination regulations

- The examination is held twice per year.
- Candidates are expected to pass the OSCE within two years from the date of the completion of practical training.
- In order to qualify to register for the examination candidates must:
  (a) Attend a basic course in colposcopy (within the last 5 years)
  (b) Completed and submitted their on-line log-book. (*The paper based log-book is no longer accepted by the BSCCP).*
  (c) Register with the BSCCP
  (d) Submitted their laboratory attendance form
  (e) Submitted the Registration of satisfactory completion of training form signed off by their trainer
- Candidates must register to sit the exam with the BSCCP by completing an application form and submitting this with an exam fee of £200.
- The log-book will be submitted on-line. Only after the log-book has been completed and submitted will candidates be permitted to register for the OSCE.
- **Examination fees will not be refunded to candidates requesting to withdraw less than 7 weeks prior to the OSCE date. Applications received after the OSCE is full will be offered the next available date.**

- The examination will start on time. No concession will be granted to any candidate who, for whatever reason, does not attend the briefing session prior to the examination at the correct starting time.

  Question papers, answer sheets and all examination materials shall remain the property of the BSCCP/RCOG at all times. No past papers will be made available to candidates.

LOG BOOK GUIDE

INTRODUCTION

1. The Purpose of the Log-Book

As part of structured training the RCOG/BSCCP have devised this log-book which clearly identifies the training objectives. It aims to record:

Theoretical understanding Record (Section 1)
Practical Competence Record (Section 2)
Personal Case Record (Section 3)

Ensure that the section for trainer details, attendance at the histology/ cytology sessions and the basic colposcopy course have been entered into the log-book. You are also required to enter records of attendance for at least 10 colposcopy MDT sessions. Ensure that you have entered all the required CBD's, Mini-CEX's and OSATS in order to allow a timely submission of your log-book.

Section 1

The **theoretical understanding** section is divided into 12 modules with a number of individual subjects. When you have addressed this topic in your reading and feel confident about it then 'tick' the relevant box.

Section 2

The **practical experience** section is divided into 8 separate modules. Each module contains a number of targets which require varying levels of competence to be attained in the course of your training. When all the targets have been attained in that module it can then be signed off after assessment by your trainer.

Section 3

The **personal case record** includes 50 cases under direct supervision. This means your trainer watches you take a history and watches you examine the patient. At least 20 cases must be new cases and half of these must have high grade abnormal cytology. A further 100 cases must be seen with indirect supervision. This means your trainer is available but not in the colposcopy room and you take the history and examine the patient. At least 30 must be new patients of which half of these must have high grade abnormal cytology. You can enter new patients in the follow-up sections if you have difficulty seeing sufficient review patients but you cannot enter review patients in the new patient sections.

Using the Log-Book

Completion of the log book is now on line only with unique access with your username and password.
You are recommended to print out this file as a hard copy to complete the relevant sections in clinic. At the first convenient opportunity add the data to your personal training database via the BSCCP website as your training progresses. The data will be stored securely for you but just as a matter of personal reassurance you should keep your paper record. Also early completion of relevant data is advisable for if you are missing data items then these can be easily retrieved for recent events. Halfway through your log-book you and all your trainers will be sent an email encouraging review of your cases and on-line log-book with at least one of your trainers. This

should occur more than just midway through your training but the BSCCP sees this this as a basic minimum for adequate supervision. On completion of your on line log book a status report will suggest submission and then application for the OSCE. **Your current trainer will be asked to submit a completion of training form** to validate your application.

Workplace Based Assessments

You are also required to upload evidence of workplace assessments being carried out with your trainer. You are required to complete and **upload to the electronic logbook** the following workplace based assessment tools during the period of your training, before you are able to submit your logbook:

Case based discussions (CbD) – To allow a trainer to assess the trainee's ability to discuss their management strategies for individual cases. A minimum of **6** of these assessments should be performed during the training period and uploaded to the logbook.

Clinical evaluation exercises (mini-CEX) - A method by which the trainee can be assessed on their clinical skills in history taking, communication and organisation. Between **10-12** such assessments should be undertaken during the training period. A minimum of **10** Mini-CEX should be uploaded to the logbook.

Objective structured assessments of technical skill (OSATS) – There is a series of OSATS for each of the common skills used in colposcopy. These include diagnostic colposcopy in addition to various treatment modalities. The objective of the OSATS assessments is to ensure that the Trainee is progressing and improving and their level of skill is appropriate at each stage for their progress in training. This amount of assessment is burdensome but it is recommended that a minimum of 2 and preferably 3 independent assessors should undertake the above assessments, so should spread the workload. A trainee would be assessed by a minimum of **5 OSATS** in **each** of the clinical techniques in which they wish to be trained. This applies equally for non-medical and medical trainees. **For example**: A Trainee Nurse Colposcopist would not have to do a knife cone OSATS, and Diagnostic Colposcopy Trainees would only have to complete the minimum of 5 diagnostic colposcopy OSATs.

You will need to upload to the logbook a minimum of **5 OSATS for diagnostic colposcopy** and a minimum of **5 OSATS for each clinical technique** in which you are to be trained.

Additional Requirements

You are also required to either scan or send hard copies by post to the Secretariat, the following documents:

(a) A copy of your certificate of attendance at a Basic Colposcopy course within the last 5 years
(b) The Laboratory Attendance form confirming attendance at your histology/ cytology sessions

MDT Meetings

You are required to attend at least 50% of MDT meetings, (a minimum of 6), during the period of your training and details of these need to be included in the electronic logbook.

If you have any problems you should contact the secretariat.

Theoretical understanding section: When you have addressed a given topic in your reading and feel confident about it then 'tick' the relevant box. If necessary discuss the topic with your trainer. When the whole section has been entered onto the on-line log-book the date of completion is shown.

Practical experience section: 'Tick off' competence levels as you achieve them. If necessary discuss the topic with your trainer. When the whole section has been entered onto the on-line log-book the date of completion is shown.

Personal case record: 1 colposcopy clinic per week should provide enough cases to complete training in approximately 12-18 months. If you experience any difficulties in attending colposcopy clinic you should discuss this with your trainer, lead trainer or regional colposcopy preceptor. You must ensure that all columns of the case records are accurately completed.

Finally, before beginning your training, we recommend:

- that you consult the National Health Service Cervical Screening Programme website **http://www.cancerscreening.nhs.uk/cervical/publications/nhscsp20.html** for details of the current Colposcopy Guidelines.

- read the Summary of Training Requirements (page 3)

- read the Log-Book Guide (page 7)

- consult the recommended reading list (page 41)

To obtain the relevant information for training, please visit the website www.bsccp.org.uk

BSCCP/RCOG COLPOSCOPY CERTIFICATE - SECTION 1
LOG BOOK
THEORETICAL UNDERSTANDING RECORD

This knowledge to be acquired from:

- BSCCP approved Basic Colposcopy Course
- BSCCP approved Advanced Colposcopy Course
- Personal study
- Tuition from Trainer
- Attendance at colposcopy MDT meetings

Please tick the box when you feel confident about this topic

1	**The Normal Cervix**	
1.1	Normal structure	☐
1.2	Metaplasia	☐
1.3	The Transformation Zone	☐
1.4	Congenital Transformation Zone	☐
1.5	Changes with age	☐
1.6	Tissue basis of colposcopic appearance • role of epithelium • role of stroma • role of surface configuration	☐

2	**Cervical Neoplasia**	
2.1	Nomenclature	☐
2.2	Epidemiology	☐
2.3	Pathogenesis	☐
2.4	Natural history	☐
2.5	Histological features	☐
2.6	Staging	☐

3 Cervical Screening

3.1	Rationale	
3.2	National Screening Guidelines	
3.3	Risks of screening • limitations • disadvantages	
3.4	Fail safe mechanisms	
3.5	Quality assurance and performance criteria	
3.6	Indications for referral thresholds (to colposcopy clinic)	
3.7	Standards of care for colposcopy (NHSCSP)	

4 Vaginal Neoplasia

4.1	Nomenclature	
4.2	Epidemiology	
4.3	Pathogenesis	
4.4	Natural history	
4.5	Histological features	

5 Vulval Neoplasia

5.1	Nomenclature	
5.2	Pathogenesis	
5.3	Natural history	
5.4	Presentation	
5.5	Histological features	

6 Perianal and Anal Neoplasia

6.1	Nomenclature	
6.2	Pathogenesis	
6.3	Natural history	
6.4	Presentation	
6.5	Histological features	

7 Other conditions of the lower genital tract

7.1	Human papillomavirus	
7.2	Actinomycosis	
7.3	Herpes	
7.4	Bacterial infections	
7.5	*Chlamydia Trachomatis*	
7.6	*Trichomonas Vaginalis*	
7.7	HIV	
7.8	Cervical polyps	

8 Pregnancy and Contraception

8.1	Normal cervix in pregnancy	
8.2	Cytology in pregnancy	
8.3	Abnormal cervix in pregnancy	
8.4	Physiological change	
8.5	Effects of oral contraceptive pill on cytology	
8.6	Effects of oral contraceptive pill on histology	
8.7	Effects of oral contraceptive pill on colposcopy	
8.8	Effects of IUCD on cytology	

9 Cytology

9.1	Principles of cytological diagnoses	
9.2	Cytological classifications	
9.3	The normal smear	
9.4	The effect of hormones	
9.5	Different sampling devices	

10 Histology

10.1	Preparation of specimens	
10.2	Principles of histological diagnoses	
10.3	How biopsy taking might influence histological Interpretation	

11 The Equipment

11.1	The Colposcope • its elements • filters • magnifications • focal length	
11.2	Type of specula	
11.3	The role and use of saline and green filter	
11.4	The role and use of acetic acid	
11.5	The role and use of Lugol's iodine	
11.6	The role and use of Monsel's solution	
11.7	Principles of sterilisation/decontamination of colposcopy clinic equipment	
11.8	The physics of local treatment modalities	
11.9	The safety aspects of local treatment modalities	
11.10	The use and safety aspect of local analgesia	

12 Principles of Management

12.1	Expectant management	
12.2	Destruction v excision	
12.3	Ectropion	
12.4	Inadequate smears	
12.5	Infection	
12.6	Glandular cytological abnormalities	
12.7	Proven cGIN	
12.8	Suspected invasion	
12.9	Proven stage 1A1	
12.10	Proven stage 1A2	
12.11	Proven invasion (stage 1B+)	
12.12	Follow up for treated CIN	
12.13	Follow up for treated cGIN	
12.14	VaIN	
12.15	VIN	
12.16	The abnormal smear in the postmenopausal patient	

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 2 LOG BOOK

PRACTICAL COMPETENCE RECORD

Please tick the box when achieved

A1	**Preparatory/Preliminary Skills**	✓
A1.1	Understanding of the development of cervical cancer and pre-cancer	
A1.2	To be able to take a relevant history	
A1.3	To be able to correctly position patient	
A1.4	To be able to pass a speculum	
A1.5	To be able to perform a cervical cytology sample	
A1.6	To be able to position and adjust the colposcope	
A1.7	To be able to perform bacteriological swabs	
A1.8	Practise complies with health and safety recommendations	

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 2
LOG BOOK
PRACTICAL COMPETENCE RECORD

A2	**Colposcopic Examination**	✓
A2.1	To be able to identify the transformation zone (TZ)	
A2.2	To be able to examine the TZ with saline and green filter	
A2.3	To be able to examine the TZ with acetic acid	
A2.4	To be able to expose the endocervix with endocervical speculum	
A2.5	To be able to recognise abnormal vascular patterns	
A2.6	To be able to examine the vagina with acetic acid	
A2.7	To be able to use Schiller's Test	

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 2 LOG BOOK

PRACTICAL COMPETENCE RECORD

A3	**The normal cervix**	✓
A3.1	To be able to recognise original squamous epithelium	
A3.2	To be able to recognise columnar epithelium	
A3.3	To be able to recognise metaplastic epithelium	
A3.4	To be able to recognise a Congenital TZ	
A3.5	To understand and be able to recognise the effects of pregnancy	
A3.6	To be able to recognise the normal features of a postmenopausal cervix	

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 2
LOG BOOK
PRACTICAL COMPETENCE RECORD

A4	**The abnormal lower genital tract**	✓
A4.1	Able to recognise low grade pre-cancerous cervical abnormality	
A4.2	Able to recognise high grade pre-cancerous cervical abnormality	
A4.3	Able to recognise features suggestive of invasion	
A4.4	Able to recognise and assess VaIN	
A4.5	Able to recognise and assess VIN	
A4.6	Able to determine extent of abnormal epithelium	
A4.7	Able to recognise cervicitis/vaginitis	
A4.8	Able to recognise human papilloma virus infection	

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 2 LOG BOOK

PRACTICAL COMPETENCE RECORD

B1	Practical Procedures	✓
B1.1	To be able to administer local analgesia	
B1.2	To be able to determine where to take directed biopsies	
B1.3	To be able to perform a directed cervical biopsy	
B1.4	To be able to perform a directed vaginal biopsy	
B1.5	To be able to perform a directed vulval biopsy	
B1.6	To be able to control bleeding from biopsy sites	
B1.7	To be able to remove an IUCD	

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 2 LOG BOOK

PRACTICAL COMPETENCE RECORD

C1	**Administration**	✓
C1.1	Documentation of cervical findings	
C1.2a	Understand modes of data collection and storage	
C1.2b	Understand clinical administration	
C1.2c	Arrange appropriate aftercare/follow-up	
C1.2d	Arrange clinic appointments	

D1	**Communication**	✓
D1.1	To be able to counsel patients prior to colposcopy	
D1.2	To be able to correctly obtain informed consent	
D1.3	To be able to counsel patients after colposcopy	
D1.4	To be able to break bad news	
D1.5	To be able to refer to a gynaecologist/other specialist where appropriate	

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 2 LOG BOOK

PRACTICAL COMPETENCE RECORD

E1	**Audit**	✓
E1.1	To be able to perform an audit	
E1.2	To be able to present an audit report	

DEFINITIONS for the personal case record

- **Unit number:-** The patient unit number can be entered onto your printed copy of this trainee record but *only the case number* (extreme left hand number from 1 – 150) can be entered onto the trainee database in the interest of data protection. The patient unit number is useful for you only, to return to your clinic records when you have subsequent data such as biopsy results.

- **Referral Cytology:-** This is the date of the referral sample and the referral cytology result. If an HPV test was taken the result is entered here. Patients with normal cytology and abnormal HPV testing after treatment can be entered this way.

- **Colposcopic Impression:-** This is your personal impression of what you think the diagnosis will be after you have applied acetic acid.

- **Procedure:-** The procedure which you undertake, i.e. biopsy, swab, cytology, LLETZ. Include in this box the **Cytology Result:-** This is the result of a cervical sample which you took on the date of the appointment. If you did not perform a cervical sample or procedure place N/A in this box.

- **Histology:-** Final result at the end of the procedure/treatment (if histology taken).

It is important to complete all sections of the personal case record to ensure that the on line log is complete. This will avoid unnecessary delay in submission of the log book and subsequent entry to the OSCE.

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER DIRECT SUPERVISION (Out of the required 50 - **20 must be new cases** – 10 of which must be **High Grade Disease**)					
	Unit Number & Date of First Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER DIRECT SUPERVISION (Out of the required 50 - **20 must be new cases** – 10 of which must be **High Grade Disease**)					
	Unit Number & Date of First Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER DIRECT SUPERVISION
(Out of the required 50 - **20 must be new cases** – 10 of which must be **High Grade Disease**)

	Unit Number & Date of Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER DIRECT SUPERVISION
(Out of the required 50 - **20 must be new cases** – 10 of which must be **High Grade Disease**)

	Unit Number & Date of Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER DIRECT SUPERVISION (Out of the required 50 - **20 must be new cases** – 10 of which must be **High Grade Disease**)					
	Unit Number & Date of Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER INDIRECT SUPERVISION
(Out of the required 100 - **30 must be new cases** – 15 of which must be **High Grade Disease**)

	Unit Number & Date of First Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER INDIRECT SUPERVISION (Out of the required 100 - **30 must be new cases** – 15 of which must be **High Grade Disease**)					
	Unit Number & Date of First Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER INDIRECT SUPERVISION (Out of the required 100 - **30 must be new cases** – 15 of which must be **High Grade Disease**)					
	Unit Number & Date of First Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER INDIRECT SUPERVISION (Out of the required 100 - **30 must be new cases** – 15 of which must be **High Grade Disease**)					
	Unit Number & Date of Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER INDIRECT SUPERVISION (Out of the required 100 - **30 must be new cases** – 15 of which must be **High Grade Disease**)					
	Unit Number & Date of Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER INDIRECT SUPERVISION (Out of the required 100 - **30 must be new cases** – 15 of which must be **High Grade Disease**)					
	Unit Number & Date of Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
101					
102					
103					
104					
105					
106					
107					
108					
109					
110					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER INDIRECT SUPERVISION (Out of the required 100 - **30 must be new cases** – 15 of which must be **High Grade Disease**)					
	Unit Number & Date of Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
111					
112					
113					
114					
115					
116					
117					
118					
119					
120					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER INDIRECT SUPERVISION (Out of the required 100 - **30 must be new cases** – 15 of which must be **High Grade Disease**)					
	Unit Number & Date of Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
121					
122					
123					
124					
125					
126					
127					
128					
129					
130					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER INDIRECT SUPERVISION (Out of the required 100 - **30 must be new cases** – 15 of which must be **High Grade Disease**)					
	Unit Number & Date of Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
131					
132					
133					
134					
135					
136					
137					
138					
139					
140					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES MANAGED UNDER INDIRECT SUPERVISION (Out of the required 100 - **30 must be new cases** – 15 of which must be **High Grade Disease**)					
	Unit Number & Date of Colposcopy Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Date and Report e.g. mild dyskaryosis	Colposcopic Impression (include whether scj seen)	Procedure (include any repeat cytology results)	Histology of any colposcopic biopsy (state whether punch or loop)
141					
142					
143					
144					
145					
146					
147					
148					
149					
150					

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

CASES OF LOCAL CERVICAL TREATMENT WITNESSED *(Inclusive of the 150 cases listed in the Personal Case Record)*					
	Unit Number & Date of Treatment Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Report e.g. mild dyskaryosis	Colposcopic Impression	Procedure (if excision enter number of excision pieces)	Histology of any colposcopic biopsy (state whether punch or loop)* Excision depth (including apex sample if taken) Completeness of excision
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*If more than 1 biopsy enter highest grade (if cGIN/CIN add both)

BSCCP/RCOG COLPOSCOPY CERTIFICATE SECTION 3
LOG BOOK
PERSONAL CASE RECORD

TREATMENT CASES PERFORMED UNDER DIRECT SUPERVISION
CASES OF LOCAL CERVICAL TREATMENT
(Inclusive of the 150 cases listed in the Personal Case Record)

	Unit Number & Date of Treatment Visit (include trainer *and* clinic identifier)	Referral Cytology/ HPV test Report e.g. mild dyskaryosis	Colposcopic Impression	Procedure (if excision enter number of excision pieces)	Histology of any colposcopic biopsy (state whether punch or loop)* Excision depth (including apex sample if taken) Completeness of excision
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*If more than 1 biopsy enter highest grade (if cGIN/CIN add both)

APPENDIX A

SUMMARY OF TRAINING REQUIREMENTS

Basic Colposcopy Course
All trainees must have completed a BSCCP-recognised Basic Colposcopy Course within 5 years of starting clinical colposcopy training.

The Log-Book
This has a number of educational roles and should not simply be regarded as a record. Firstly it documents the trainee's progress in working through the theoretical aspects of colposcopy: the trainer should regularly review this with the trainee to identify if there are any problem areas. In addition, the log-book records clinical experience and it is important that the trainer periodically reviews this in order to assess breadth of experience and to overview the correlation between colposcopic findings and histology.

Clinical experience
It is recommended that clinical training should be completed within 18 months. The trainee is required to see 50 cases (20 of which must be new cases) under direct supervision and 100 (30 new) cases under indirect supervision. ***Half of all new cases must be high-grade cytology referrals.***

Direct supervision means that the colposcopic examination is performed with the trainer in the room. Indirect supervision is when the trainee is seeing a patient without the trainer present in the room. However, the trainer should be available if needed. The trainer should review every case seen by the trainee, ideally straight after each clinical session so as to provide feedback.

Treatment Module
The core training programme is about diagnostic colposcopy. There is an additional module for trainees who intend to perform treatment. Completion of the training programme and this additional module culminates in the awarding of the BSCCP/RCOG Certificate (Diagnostic and Treatment). This module comprises *20 local treatments (10 witnessed, 10 performed under supervision)* in the 150 core module cases. Trainers should ensure they have the appropriate documentation for the treatment module from the BSCCP.

Audit/ research
Trainees should be encouraged to undertake at least one audit topic during their training, whether or not they had previous audit experience. Wherever possible they should be encouraged to participate in research studies.

Pathology experience
All trainees should be familiar with the workings of the cyto- and histopathology laboratories and spend at least one session in each. Nurse trainees must dedicate 3 sessions each to cytopathology and histopathology. In addition all trainees must attend at least 50% (a minimum of 6) colposcopy MDT meetings during training.

APPENDIX B

Recommended Reading

Colposcopy and Programme Management:
Guidelines for the NHS Cervical Screening Programme
http://www.cancerscreening.nhs.uk/cervical/publications/nhscsp20.html

National Health Service Cervical Screening Programme website
http://www.cancerscreening.nhs.uk/cervical/

NHSCSP Publications (or regional equivalent in Ireland, Scotland and Wales)
NHS Cervical Screening Programme
The Manor House
260 Eccleshall Road
Sheffield
S11 9PS Tel: 0114 2711060

Handbook of Colposcopy
Eds: D M Luesley, M Shafi, J A Jordan
2nd Edition
Arnold

Colposcopy Management Options
Eds: W Prendiville, J. Ritter, S. Tatti, L Twiggs
Elsevier Limited
2003

The Cervix
Eds: J Jordan, A Singer, H Jones, M Shafi
Blackwell
2006